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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |   |   |   | Application or Docket Number<br><b>10/689,981</b> | Filing Date<br><b>10/20/2003</b> | <input type="checkbox"/> To be Mailed |                                  |                        |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
|---|---|---|---|---|----------------------------------|---------------------------------------|----------------------------------|------------------------|--|----------------------------|--|--|--|------------|------------|---------------------------------------|--------------|----|--|--------------|--------------|--------------|--------------|---|---|------------------|-----------|---|-----------|------------------------|------------------------|-----|-------|-------|--|--------|-----|-------------|------------------------------|-----|-------|---|-----|--------|-----|--------------|--|-----|----------------------------------|------------|-----------------|--------|-----------------|--------|--|--|-----------|---|--------|--------|--------|--------|---|---|------------|-----------|------------------------|-----------|------------------------|--|-----------|--|---|---|------------------|-----------|------------------------|-----------|------------------------|------------------------|-----|-------|-------|-----|--------|----|--------|------------------------------|-----|-------|------|-----|--------|----|--------|--|--|--|--|-----------------|----|-----------------|---|--|--|--|--|--|--|--|--|------------|------------|------------|-----------|------------------------|-----------|------------------------|------------|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding-bottom: 5px;">APPLICATION AS FILED – PART I</th> <th colspan="4" style="text-align: right; padding-bottom: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <th style="text-align: center; width: 33.33%;">(Column 1)</th> <th style="text-align: center; width: 33.33%;">(Column 2)</th> <th style="text-align: center; width: 33.33%;">SMALL ENTITY <input type="checkbox"/></th> <th colspan="3" style="text-align: right; border-top: none;">OR</th> <th style="text-align: center; width: 33.33%;">SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">FOR</td> <td style="padding: 5px;">NUMBER FILED</td> <td style="padding: 5px;">NUMBER EXTRA</td> <td style="padding: 5px;">RATE (\$)</td> <td style="padding: 5px;">FEE (\$)</td> <td style="padding: 5px;">RATE (\$)</td> <td style="padding: 5px;">FEE (\$)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td style="padding: 5px;">N/A</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td style="padding: 5px;">N/A</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td style="padding: 5px;">N/A</td> </tr> <tr> <td style="padding: 5px;">TOTAL CLAIMS<br/>(37 CFR 1.16(i))</td> <td style="padding: 5px;">minus 20 =</td> <td style="padding: 5px;">*</td> <td style="padding: 5px;">X \$ =</td> </tr> <tr> <td style="padding: 5px;">INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td style="padding: 5px;">minus 3 =</td> <td style="padding: 5px;">*</td> <td style="padding: 5px;">X \$ =</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="3" style="padding: 5px;">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</td> <td style="padding: 5px;">TOTAL</td> <td style="padding: 5px;">TOTAL</td> <td style="padding: 5px;">TOTAL</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))</td> <td colspan="3"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table> <p style="margin-left: 20px;">* If the difference in column 1 is less than zero, enter "0" in column 2.</p>   |   |   |   |   |                                  |                                       | APPLICATION AS FILED – PART I    |                        |  | OTHER THAN<br>SMALL ENTITY |  |  |  | (Column 1) | (Column 2) | SMALL ENTITY <input type="checkbox"/> | OR           |    |  | SMALL ENTITY | FOR          | NUMBER FILED | NUMBER EXTRA | RATE (\$)                                 | FEE (\$)                                    | RATE (\$)        | FEE (\$)  | <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c)) | N/A       | N/A                    | N/A                    | N/A | N/A   | N/A   | <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m)) | N/A    | N/A | N/A         | N/A                          | N/A | N/A   | <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q)) | N/A | N/A    | N/A | N/A          | N/A  | N/A | TOTAL CLAIMS<br>(37 CFR 1.16(i)) | minus 20 = | *               | X \$ = | X \$ =          | X \$ = | X \$ =   | INDEPENDENT CLAIMS<br>(37 CFR 1.16(h)) | minus 3 = | * | X \$ = | X \$ = | X \$ = | X \$ = | <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |            |           | TOTAL                  | TOTAL     | TOTAL                  | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
| APPLICATION AS FILED – PART I   |   |   | OTHER THAN<br>SMALL ENTITY                  |   |                                  |                                       |                                  |                        |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
| (Column 1)  | (Column 2)  | SMALL ENTITY <input type="checkbox"/>     | OR  |   |                                  | SMALL ENTITY                          |                                  |                        |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
| FOR   | NUMBER FILED  | NUMBER EXTRA                              | RATE (\$)                                   | FEE (\$)  | RATE (\$)                        | FEE (\$)                              |                                  |                        |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))   | N/A   | N/A                                       | N/A   | N/A   | N/A                              | N/A                                   |                                  |                        |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))  | N/A   | N/A                                       | N/A   | N/A   | N/A                              | N/A                                   |                                  |                        |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
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| TOTAL CLAIMS<br>(37 CFR 1.16(i))  | minus 20 =  | *   | X \$ =                                      | X \$ =  | X \$ =                           | X \$ =                                |                                  |                        |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 =   | *   | X \$ =                                      | X \$ =  | X \$ =                           | X \$ =                                |                                  |                        |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
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| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  |   |   |   |   |                                  |                                       |                                  |                        |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
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margin-top: 10px;">Legal Instrument Examiner:<br/>/JACQULYN L. WILLIAMS/</p> |   |   |   |   |                                  |                                       | APPLICATION AS AMENDED – PART II |                        |  | OTHER THAN<br>SMALL ENTITY |  |  |  | (Column 1) | (Column 2) | (Column 3)                            | SMALL ENTITY | OR |  |              | SMALL ENTITY | AMENDMENT    | 01/08/2008   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$)  | RATE (\$) | ADDITIONAL<br>FEE (\$) | Total (37 CFR 1.16(i)) | * 9 | Minus | ** 27 | = 0  | X \$ = | OR  | X \$ 50 = 0 | Independent (37 CFR 1.16(h)) | * 2 | Minus | ***6  | = 0 | X \$ = | OR  | X \$ 210 = 0 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |     |                                  |            | TOTAL ADD'L FEE | OR     | TOTAL ADD'L FEE | 0      | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |           |   |        |        |        |        | (Column 1)  | (Column 2)  | (Column 3) | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$) | ADDITIONAL<br>FEE (\$) | (Column 1)   | AMENDMENT |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$) | ADDITIONAL<br>FEE (\$) | Total (37 CFR 1.16(i)) | * 9 | Minus | ** 27 | = 0 | X \$ = | OR | X \$ = | Independent (37 CFR 1.16(h)) | * 2 | Minus | ***6 | = 0 | X \$ = | OR | X \$ = | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |  |  | TOTAL ADD'L FEE | OR | TOTAL ADD'L FEE | 0 | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  |  |  |  | (Column 1) | (Column 2) | (Column 3) | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$) | ADDITIONAL<br>FEE (\$) | (Column 1) |
| APPLICATION AS AMENDED – PART II  |   |   | OTHER THAN<br>SMALL ENTITY                  |   |                                  |                                       |                                  |                        |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
| (Column 1)  | (Column 2)  | (Column 3)                                | SMALL ENTITY                                | OR  |                                  |                                       | SMALL ENTITY                     |                        |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
| AMENDMENT   | 01/08/2008  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                  | RATE (\$)                        | ADDITIONAL<br>FEE (\$)                | RATE (\$)                        | ADDITIONAL<br>FEE (\$) |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
|   | Total (37 CFR 1.16(i))  | * 9                                       | Minus                                       | ** 27   | = 0                              | X \$ =                                | OR                               | X \$ 50 = 0            |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
|   | Independent (37 CFR 1.16(h))  | * 2                                       | Minus                                       | ***6  | = 0                              | X \$ =                                | OR                               | X \$ 210 = 0           |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
|   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |   | TOTAL ADD'L FEE                  | OR                                    | TOTAL ADD'L FEE                  | 0                      |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
|   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |                                  |                                       |                                  |                        |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
|   | (Column 1)  | (Column 2)                                | (Column 3)                                  | RATE (\$)   | ADDITIONAL<br>FEE (\$)           | RATE (\$)                             | ADDITIONAL<br>FEE (\$)           | (Column 1)             |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
| AMENDMENT   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                  | RATE (\$)                        | ADDITIONAL<br>FEE (\$)                | RATE (\$)                        | ADDITIONAL<br>FEE (\$) |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
|   | Total (37 CFR 1.16(i))  | * 9                                       | Minus                                       | ** 27   | = 0                              | X \$ =                                | OR                               | X \$ =                 |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
|   | Independent (37 CFR 1.16(h))  | * 2                                       | Minus                                       | ***6  | = 0                              | X \$ =                                | OR                               | X \$ =                 |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
|   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |   | TOTAL ADD'L FEE                  | OR                                    | TOTAL ADD'L FEE                  | 0                      |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
|   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |                                  |                                       |                                  |                        |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |
|   | (Column 1)  | (Column 2)                                | (Column 3)                                  | RATE (\$)   | ADDITIONAL<br>FEE (\$)           | RATE (\$)                             | ADDITIONAL<br>FEE (\$)           | (Column 1)             |  |                            |  |  |  |            |            |                                       |              |    |  |              |              |              |              |   |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |             |                              |     |       |   |     |        |     |              |  |     |                                  |            |                 |        |                 |        |  |  |           |   |        |        |        |        |   |   |            |           |                        |           |                        |  |           |  |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |      |     |        |    |        |  |  |  |  |                 |    |                 |   |  |  |  |  |  |  |  |  |            |            |            |           |                        |           |                        |            |

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